



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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INSURED HEALTH PLANS AVAILABLE TO INDIVIDUALS AND SMALL GROUPS EFFECTIVE ON OR AFTER JANUARY 1, 2018

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The following provides basic information regarding the carriers and plans that eligible individuals and eligible small groups may purchase in Massachusetts. Consider contacting one of the listed carriers, your broker or the Massachusetts Health Connector (“Connector”) [1-877-MA-ENROLL or www.mahealthconnector.org] for further information concerning eligibility, costs and coverage options that may fit your personal needs.

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

1. Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

Group Sales (800) 262-BLUE
Individual Sales (800) 422-3545

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i,ii} | <u>Offered thru the Connector</u> |
|--|---------------------------------|---------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>HMO Blue</u> | HMO (1-1-18) & hSoB-0118.RANGES | | |
| <i>Options:</i> | | | |
| HMO Blue Premium | | Platinum | YES |
| HMO Blue \$1,000 Deductible | | Gold | YES |
| HMO Blue New England Premier Value | | Gold | NO |
| HMO Blue Select \$1,000 Deductible | | Gold | NO |
| HMO Blue Select \$2,000 Deductible | | Gold | NO |
| HMO Blue New England \$1,000 Deductible | | Gold | NO |
| HMO Blue New England \$2,000 Deductible | | Gold | NO |
| HMO Blue Basic | | Silver | YES |
| HMO Blue New England Basic Copayment | | Silver | NO |
| HMO Blue New England \$1,000 Deductible with Copayment | | Silver | NO |
| HMO Blue New England \$2,000 Deductible with Copayment | | Silver | NO |
| HMO Blue New England \$3,000 Deductible | | Silver | NO |
| HMO Blue Basic Deductible | | Bronze | YES |
| HMO Blue New England Basic Saver | | Bronze | NO |
| HMO Blue New England Saver \$2,000 | | Bronze | NO |
| HMO Blue New England Saver \$3,000 | | Bronze | NO |
| HMO Blue Essential | | Catastrophic | YES |
| <u>HMO Blue Select Network</u>¹ | | | |
| | HMO (1-1-18) & hSoB-0118.RANGES | | |
| <i>Options:</i> | | | |
| HMO Blue Select \$1,000 Deductible | | Gold | NO |
| HMO Blue Select \$1,000 Deductible with Copayment | | Silver | NO |
| HMO Blue Select \$2,000 Deductible | | Gold | NO |
| HMO Blue Select \$2,000 Deductible with Copayment | | Silver | NO |

¹ **The HMO Blue Select Network provides access to a network that is smaller than the HMO Blue Network;** members have access to network benefits only from the Providers in the HMO Blue Select Network. Please call the carrier directly if you have any questions about whether the HMO Blue Select is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|---|---------------------------------|--|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| HMO Blue Select \$3,000 Deductible | | Silver | NO |
| HMO Blue Select Saver \$2,000 | | Bronze | NO |
| <u>HMO Blue New England with Hospital Choice Cost Sharing Network</u> ³ | HMO (1-1-18) & hSoB-0118.RANGES | | |
| <u>Options:</u> | | | |
| HMO Blue New England Premier Value with HCCS | | Gold | NO |
| HMO Blue New England \$500 Deductible with HCCS | | Gold | NO |
| HMO Blue New England \$1,000 Deductible with HCCS | | Gold | NO |
| HMO Blue New England \$1,500 Deductible with HCCS | | Gold | NO |
| HMO Blue New England \$2,000 Deductible with HCCS | | Gold | NO |
| HMO Blue New England \$3,000 Deductible with HCCS | | Silver | NO |
| <u>HMO Blue New England Options Network</u> ² | HMO (1-1-18) & hSoB-0118.RANGES | | |
| <u>Options:</u> | | | |
| HMO Blue New England Options Deductible III | | Gold | NO |
| HMO Blue New England Options Deductible II | | Silver | NO |

² **The HMO Blue New England Options Network primary care providers and general hospitals fall into different tiers;** members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the HMO Blue New England Options Network.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|--|--|--|-----------------------------------|
| PREFERRED PROVIDER PLAN | | | |
| <u>Preferred Blue PPO</u> | HMO-PPO (1-1-18) & hppoSoB-0118.RANGES | | |
| <i>Options:</i> | | | |
| Preferred Blue PPO \$1,000 Deductible | | Silver | NO |
| Preferred Blue PPO \$2,000 Deductible | | Silver | NO |
| Preferred Blue PPO Basic \$2,000 | | Silver | NO |
| Preferred Blue PPO Basic Saver | | Bronze | NO |
| Preferred Blue PPO Saver \$2,000 | | Bronze | NO |
| Preferred Blue PPO Saver \$3,000 | | Bronze | NO |
| Preferred Blue PPO \$3,000 Deductible | | Bronze | NO |
| <u>Preferred Blue PPO Hospital Choice Cost Sharing Network</u> ³ | HMO-PPO (1-1-18) & hppoSoB-0118.RANGES | | |
| <i>Options:</i> | | | |
| Preferred Blue PPO \$500 Deductible with HCCS | | Gold | NO |
| Preferred Blue PPO \$1,000 Deductible with HCCS | | Silver | NO |
| Preferred Blue PPO \$2,000 Deductible with HCCS | | Silver | NO |
| Preferred Blue PPO \$3,000 Deductible with HCCS | | Bronze | NO |
| <u>Preferred Blue PPO Options Network</u> ⁴ | HMO-PPO (1-1-18) & hppoSoB-0118.RANGES | | |
| <i>Options:</i> | | | |
| Preferred Blue PPO Options Deductible II | | Silver | NO |
| Preferred Blue PPO Options Deductible III | | Gold | NO |

³ **The Preferred Blue PPO Hospital Choice Cost Share Network tiers in-network general hospitals;** members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the in-network hospital furnishing covered services. Please call the carrier directly if you have any questions about the participation of your acute care facility within the Preferred Blue PPO Hospital Choice Cost Share Network.

⁴ **Preferred Blue PPO Options Network primary care in-network providers and in-network general hospitals fall into different tiers;** members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the in-network provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the Preferred Blue PPO Options Network.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

2. Boston Medical Center Health Plan, Inc.

(d/b/a Boston Medical Center HealthNet Plan)
Schrafft's City Center
529 Main Street, Suite 500
Charlestown, MA 02129

Member Services (855)833-8120

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|--|--------------------------------|--|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>BMC HealthNet Plan</u> ⁵ | BMCHP-QHP2018ver.1 | | |
| Eligible Individual and Small Groups: | | | |
| BMC HealthNet Plan Platinum | | Platinum | YES |
| BMC HealthNet Plan Gold | | Gold | YES |
| BMC HealthNet Plan Silver A II | | Silver | YES |
| BMC HealthNet Plan Silver B II | | Silver | YES |
| BMC HealthNet Plan Silver A | Silver | YES | |
| BMC HealthNet Plan Silver B | Silver | YES | |
| BMC HealthNet Plan Bronze | | Bronze | YES |
| <u>BMC HealthNet Plan Employer Choice Direct</u> ⁷ | | | |
| | BMCHP-EmpChoiceDirect2018ver.1 | | |
| Small Groups (6-50 eligible employees): | | | |
| BMC HealthNet Plan Platinum Direct | | Platinum | NO |
| BMC HealthNet Plan Gold Direct | | Gold | NO |
| BMC HealthNet Plan Silver A Direct | | Silver | NO |
| BMC HealthNet Plan Silver B Direct | | Silver | NO |
| BMC HealthNet Plan Bronze Direct | | Bronze | NO |

⁵ As permitted by law, Boston Medical Center Health Plan, Inc. ("BMCHP") requires individuals and groups with five or fewer eligible employees to enroll through the Massachusetts Health Connector ("Connector") in the Qualified Health Plan Products.

⁶ BMC HealthNet Plan Silver A and Silver B products (Form#: BMCHP-INTQHPSILVERINDV12018VER.1) are available to eligible individuals only off-Connector through BMCHP's administrator (intermediary) Health Services Administrators by calling 1-781-228-2222 or 1-877-777-4414 or online at www.hsinsurance.com.

⁷ Eligible small groups with between 6-50 eligible employees may contact BMCHP directly to purchase the same product designs that are offered on the Connector but identified as BMC HealthNet Plan Employer Choice Direct; certificates issued will reflect group specific provisions.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

3. ConnectiCare of Massachusetts, Inc.

175 Scott Swamp Road
Farmington, CT 06032

Group Sales 1-800-251-7722
Individual Sales 1-800-251-7722

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|---|---------------------------------|--|---|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>HMO Open Access</u> | CMI/HMO OA/BS 01 (1/2018) | | |
| <u>Options:</u> | | | |
| Choice Mass HMO Copay \$40 | | Gold | NO |
| Choice Mass HMO Copay \$2000/\$4000 ded. | | Gold | NO |
| Choice Mass HMO Copay \$1750/\$3500 ded. | | Silver | NO |
| Choice Mass HMO Copay \$2500/\$5000 ded. | | Silver | NO |
| Choice Mass HMO Copay \$2500/\$5000 ded. | | Silver | NO |
| <u>HMO Open Access HDHP</u> | | | |
| Choice Mass HMO HAS Copay \$3000/\$6000 ded. | CMI/HMO OA HDHP/BS 01 (01/2018) | Silver | NO |
| PREFERRED PROVIDER PLAN | | | |
| <u>Point of Service</u> | CMI/POS OA/BS 01 (1/2018) | | |
| Choice Mass POS Copay \$40 | | Gold | NO |

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

4. Fallon Community Health Plan, Inc.⁸

10 Chestnut Street
Worcester, MA 01608-2810

Merged Market Unit:
(888) 797-3247
(800) 333-2535 x79097
(508) 799-2100 x79097

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i,ii}</u> | <u>Offered thru the Connector</u> |
|--|-------------|--------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION <u>FCHP Select Care Network</u>⁹ | 17-730-007 | | |
| Options: | | | |
| Select Care Platinum Connector | | Platinum | YES |
| Select Care Copay 500 | | Platinum | NO |
| Select Care Deductible 1000 Classic | | Platinum | NO |
| Select Care Copay 1000 Hybrid | | Platinum | NO |
| Select Care Gold Connector B | | Gold | YES |
| Select Care Deductible 1500 Classic | | Gold | NO |
| Select Care Deductible 2000 Classic | | Gold | NO |
| Select Care Deductible 3000 Classic | | Gold | NO |
| Select Care Deductible 1200 Hybrid | | Gold | NO |
| Select Care Deductible 2000 Hybrid | | Gold | YES |
| Select Care Silver Connector | | Silver | YES |
| Select Care Silver Connector II | | Silver | YES |
| Select Care Deductible 2000 Low | | Silver | NO |
| Select Care Coinsurance 35% | | Silver | NO |
| Select Care QHD 2000 H S A | | Silver | NO |
| Select Care QHD 3000 H S A | | Silver | NO |
| Select Care Bronze Connector | | Bronze | YES |
| Select Care Bronze Deductible 3000 | | Bronze | NO |

⁸ Fallon offers insured health plans with different provider networks. Please call Fallon directly if you have any questions about your provider's participation in any of the Fallon networks.

⁹ **The Select Care Network is Fallon's most comprehensive provider network.** Please call the carrier directly if you have any questions about whether the Select Care Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Select Care Network.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Fallon Community Health Plan, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|---|-------------|--|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>FCHP Direct Care Network</u> ¹⁰ | 17-730-008 | | |
| Options: | | | |
| Direct Care Platinum Connector | | Platinum | YES |
| Direct Care Copay 500 | | Platinum | NO |
| Direct Care Deductible 1000 Classic | | Platinum | NO |
| Direct Care Copay 1000 Hybrid | | Platinum | NO |
| Direct Care Gold Connector B | | Gold | YES |
| Direct Care Deductible 1500 Classic | | Gold | NO |
| Direct Care Deductible 2000 Classic | | Gold | NO |
| Direct Care Deductible 3000 Classic | | Gold | NO |
| Direct Care Deductible 1200 Hybrid | | Gold | NO |
| Direct Care Deductible 2000 Hybrid | | Gold | YES |
| Direct Care Silver Connector | | Silver | YES |
| Direct Care Silver Connector II | | Silver | YES |
| Direct Care Deductible 2000 Low | | Silver | NO |
| Direct Care Coinsurance 35% | | Silver | NO |
| Direct Care QHD 2000 H S A | | Silver | NO |
| Direct Care QHD 3000 H S A | | Silver | NO |
| Direct Care Bronze Connector | | Bronze | YES |
| Direct Care Bronze Deductible 3000 | | Bronze | NO |
| Direct Care Catastrophic Plan | | Catastrophic | YES |
| <u>FCHP Community Care Network</u> ¹¹ | 16-670-014 | | |
| Options: | | | |
| Community Care Silver Coinsurance 35% | | Silver | YES |
| Community Care Silver Coinsurance 35% II | | Silver | YES |

¹⁰ **The Direct Care Network is different than Select Care Network.** Please call the carrier directly if you have any questions about whether the Direct Care Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Direct Care Network.

¹¹ **Fallon Health Community Care Network provides access to a network that is smaller than Fallon's Select or Direct Provider networks;** members have access to network benefits only from the Providers in the FCHP Community Care Network. Please call the carrier directly if you have any questions about whether the FCHP Community Care Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

5. Fallon Health & Life Assurance Company, Inc.

10 Chestnut Street
Worcester, MA 01608-2810

Merged Market Unit:
(888) 797-3247
(800) 333-2535 x79097
(508) 799-2100 x79097

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i,ii} | <u>Offered thru the Connector</u> |
|------------------------------------|-------------|---------------------------------------|-----------------------------------|
| PREFERRED PROVIDER PLAN | | | |
| <u>Fallon Preferred Care</u> | 17-670-001 | | |
| <i>Options:</i> | | | |
| Preferred Care Deductible 2000 Low | | Silver | NO |
| Preferred Care QHD 2000 H S A | | Silver | NO |

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

6. Harvard Pilgrim Health Care, Inc.^{12, 13}

93 Worcester Street
Wellesley, MA 02481-9181

Group Sales (800) 848-9995
Individual Sales (800) 848-9995

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i, ii}</u> | <u>Offered thru the Connector</u> |
|--|----------------------|---------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| THE HARVARD PILGRIM HMO FOR INDIVIDUAL MEMBERS Benefit Handbook | | | |
| <i>Options:</i> | | | |
| Standard Platinum | 1120_10; SOB 2485 | Platinum | Yes |
| Affordable HMO 25 - Flex | 1120_10; SOB 1565_05 | Platinum | NO |
| Standard Gold | 1120_10; SOB 2486 | Gold | Yes |
| Best Buy HMO 500 - Flex | 1120_10; SOB 1565_05 | Gold | NO |
| Best Buy HMO 1000 - Flex | 1120_10; SOB 1565_05 | Gold | NO |
| Best Buy HMO 1000 with Coins. - Flex | 1120_10; SOB 1565_05 | Gold | NO |
| Best Buy HMO 2000 - Flex | 1120_10; SOB 1565_05 | Gold | NO |
| Best Buy HMO 2000 with Coins. - Flex | 1120_10; SOB 1565_05 | Gold | NO |
| Core Coverage HMO 1750 - Flex | 1120_10; SOB 1567_04 | Gold | NO |
| Core Coverage HMO 3000 - Flex | 1120_10; SOB 1567_04 | Silver | NO |
| Standard Silver | 1120_10; SOB 2487 | Silver | Yes |
| Best Buy HMO 2000 with Copay - Flex | 1120_10; SOB 1565_05 | Silver | NO |
| Best Buy HMO 3000 - Flex | 1120_10; SOB 1565_05 | Silver | NO |
| Standard Bronze | 1120_10; SOB 2488 | Bronze | Yes |
| THE HARVARD PILGRIM BEST BUY HSA HMO FOR INDIVIDUAL Handbook | | | |
| <i>Options:</i> | | | |
| Best Buy HSA HMO 2000 - Flex | 1469_10; 1611_04 | Gold | NO |
| Best Buy HSA HMO 2000 with Coins. - Flex | 1469_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 3000 - Flex | 1469_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 2000 w/Cost Share Flex | 1469_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 3000 w/Cost Share Flex | 1469_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 3100 - Flex | 1469_10; 1611_04 | Bronze | NO |

¹² As allowed by law, Harvard Pilgrim Health Care, Inc. (“HPHC”) requires groups with five or fewer eligible employees to enroll through the following intermediaries: Health Services Administrators (“HSA”) (781) 848-4950 and Small Business Service Bureau (508) 756-3513.

¹³ Harvard Pilgrim Health Care, Inc. (“HPHC”) off-Connector plans may exclude pediatric dental benefits only when HPHC is reasonably assured that the individual or group has in place an Exchange-certified stand-alone dental plan.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Harvard Pilgrim Health Care, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|--|----------------------|--|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| THE HARVARD PILGRIM HMO Benefit Handbook [GROUP] | | | |
| <i>Options:</i> | | | |
| Standard Platinum | 1116_11; 2485 | Platinum | YES |
| Affordable HMO 25 - Flex | 1116_11; SOB 1565_05 | Platinum | NO |
| Standard Bronze | 1116_11; 2488 | Bronze | YES |
| Standard Gold | 1116_11; 2486 | Gold | YES |
| Best Buy HMO 1000 - Flex | 1116_11; SOB 1565_05 | Gold | NO |
| Best Buy HMO 1000 with Coins. - Flex | 1116_11; SOB 1565_05 | Gold | NO |
| Best Buy HMO 2000 - Flex | 1116_11; SOB 1565_05 | Gold | NO |
| Best Buy HMO 2000 with Coins. - Flex | 1116_11; SOB 1565_05 | Gold | NO |
| Core Coverage HMO 1750 - Flex | 1116_11; SOB 1567_04 | Gold | NO |
| Best Buy HMO 500 - Flex | 1116_11; SOB 1565_05 | Gold | NO |
| Core Coverage HMO 3000 - Flex | 1116_11; SOB 1567_04 | Silver | NO |
| Standard Silver | 1116_11; 2487 | Silver | YES |
| Best Buy HMO 2000 with Copay - Flex | 1116_11; SOB 1565_05 | Silver | NO |
| Best Buy HMO 3000 - Flex | 1116_11; SOB 1565_05 | Silver | NO |
| THE HARVARD PILGRIM BEST BUY HSA HMO Handbook [GROUP] | | | |
| <i>Options:</i> | | | |
| Best Buy HSA HMO 2000 - Flex | 1470_10; 1611_04 | Gold | NO |
| Best Buy HSA HMO 2000 with Coins. - Flex | 1470_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 3000 - Flex | 1470_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 2000 w/ Cost Share Flex | 1470_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 3000 w/ Cost Share Flex | 1470_10; 1611_04 | Silver | NO |
| Best Buy HSA HMO 3100 - Flex | 1470_10; 1611_04 | Bronze | NO |
| THE HARVARD PILGRIM FOCUS FOR INDIVIDUAL MEMBERS Handbook ¹⁴ | | | |
| <i>Options:</i> | | | |
| Focus Network - Affordable HMO 25 | 1269_11; SOB 1566_04 | Platinum | NO |
| Focus Network - Best Buy HSA HMO 3100 | 1269_11; SOB 1566_04 | Bronze | NO |

¹⁴ **The Harvard Pilgrim Focus Networksm – MA is different than the Harvard Pilgrim Network.** Please call the carrier directly if you have any questions about whether the Harvard Pilgrim Focus Networksm – MA is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Harvard Pilgrim Focus Networksm – MA.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
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(Harvard Pilgrim Health Care, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|--|----------------------|--|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| THE HARVARD PILGRIM FOCUS HMO Handbook [Group] ¹⁴ | | | |
| <i>Options:</i> | | | |
| Focus Network - Affordable HMO 25 | 1268_11; SOB 1566_04 | Platinum | NO |
| Focus Network - Best Buy HSA HMO 3100 | 1268_11; SOB 1566_04 | Bronze | NO |
| PREFERRED PROVIDER PLAN | | | |
| THE HARVARD PILGRIM PPO PLAN FOR INDIVIDUAL MEMBERS Handbook | | | |
| <i>Options:</i> | | | |
| Affordable PPO 25 - Flex | 1138_11; SOB 1569_04 | Platinum | NO |
| Best Buy PPO 1000 - Flex | 1138_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 500 - Flex | 1138_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 1000 with Coinsurance - Flex | 1138_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 2000 - Flex | 1138_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 2000 with Coinsurance - Flex | 1138_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 3000 - Flex | 1138_11; SOB 1569_04 | Silver | NO |
| Best Buy PPO 2000 with Copayment - Flex | 1138_11; SOB 1569_04 | Silver | NO |
| THE HARVARD PILGRIM BEST BUY HSA PPO PLAN FOR INDIVIDUAL MEMBERS Handbook | | | |
| <i>Options:</i> | | | |
| Best Buy HSA PPO 2000 - Flex | 1829_04; SOB 1826_03 | Gold | NO |
| Best Buy HSA PPO 2000 with Cost Share - Flex | 1829_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 2000 with Coinsurance - Flex | 1829_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 3000 - Flex | 1829_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 3000 with Cost Share - Flex | 1829_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 3100 - Flex | 1829_04; SOB 1826_03 | Bronze | NO |
| THE HARVARD PILGRIM PPO PLAN Handbook [Group] | | | |
| <i>Options:</i> | | | |
| Affordable PPO 25 - Flex | 1133_11; SOB 1569_04 | Platinum | NO |
| Best Buy PPO 1000 - Flex | 1133_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 500 - Flex | 1133_11; SOB 1569_04 | Gold | NO |

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Harvard Pilgrim Health Care, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|---|----------------------|--|-----------------------------------|
| Best Buy PPO 1000 with Coinsurance - Flex | 1133_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 2000 - Flex | 1133_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 2000 with Coinsurance - Flex | 1133_11; SOB 1569_04 | Gold | NO |
| Best Buy PPO 3000 - Flex | 1133_11; SOB 1569_04 | Silver | NO |
| Best Buy PPO 2000 with Copayment - Flex | 1133_11; SOB 1569_04 | Silver | NO |
| THE HARVARD PILGRIM BEST BUY HSA PLAN Handbook [Group] | | | |
| <i>Options:</i> | | | |
| Best Buy HSA PPO 2000 - Flex | 1824_04; SOB 1826_03 | Gold | NO |
| Best Buy HSA PPO 2000 with Cost Share - Flex | 1824_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 2000 with Coinsurance - Flex | 1824_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 3000 - Flex | 1824_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 3000 with Cost Share - Flex | 1824_04; SOB 1826_03 | Silver | NO |
| Best Buy HSA PPO 3100 - Flex | 1824_04; SOB 1826_03 | Bronze | NO |

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

7. Health New England, Inc.¹⁵

One Monarch Place
Springfield MA 01144

Group Sales (800) 842-4464
Individual Sales (800) 842-4464

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i,ii}</u> | <u>Offered thru the Connector</u> |
|--|----------------------------|--------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>HNE Evidence of Coverage</u> | | | |
| <u>Options:</u> | | | |
| HNE Platinum A | HNEHMO-06 | Platinum | YES |
| HNE Health Max | HNEHMO-06 | Platinum | NO |
| HNE Choice Plus | HNEHMO-06 | Platinum | NO |
| HNE Focus | HNEHMO-06 | Platinum | NO |
| HNE Gold A | HNEHMOwithDED-06 | Gold | YES |
| HNE Gold B | HNEHMOwithDED-06 | Gold | YES |
| HNE Essential 500 | HNEHMOwithDED-06 | Platinum | NO |
| HNE Essential 1000 | HNEHMOwithDED-06 | Gold | NO |
| HNE Essential 1500 | HNEHMOwithDED-06 | Gold | NO |
| HNE Essential 2000 | HNEHMOwithDED-06 | Gold | YES |
| HNE Essential 3000 | HNEHMOwithDED-06 | Silver | NO |
| HNE Wise Max HDHP | HNEHMOwithHIGHDED-06 | Gold | YES |
| HNE Silver A | HNEHMOwithDED-06 | Silver | YES |
| HNE Silver A II | HNEHMOwithDED-06 | Silver | YES |
| HNE Wise Max 3000 HDHP | HNEHMOwithHIGHDED-06 | Silver | NO |
| HNE Wise 2000/20% HDHP | HNEHMOwithHIGHDED-06 | Silver | NO |
| HNE Bronze 2 HDHP | HNEHMOwithHIGHDED-06 | Bronze | YES |
| HNE Wise Saver 3450 HDHP | HNEHMOwithHIGHDED-06 | Bronze | NO |
| PREFERRED PROVIDER PLAN | | | |
| <u>HNE PPO Essential</u> | | | |
| <u>Options:</u> | | | |
| HNE PPO Essential 500 Local | HNE-PPO-06 HNE/PHCS-PPO-06 | Platinum | NO |
| HNE PPO Essential 500 National | HNE-PPO-06 HNE/PHCS-PPO-06 | Platinum | NO |
| HNE PPO Essential 1000 Local | HNE-PPO-06 HNE/PHCS-PPO-06 | Gold | NO |
| HNE PPO Essential 1000 National | HNE-PPO-06 HNE/PHCS-PPO-06 | Gold | NO |
| HNE PPO Essential 2000 Local | HNE-PPO-06 HNE/PHCS-PPO-06 | Gold | NO |
| HNE PPO Wise HDHP | HNE/PHCS-PPO Saver-06 | Gold | NO |
| HNE PPO Wise Max 3000 HDHP | HNE/PHCS-PPO Saver-06 | Silver | NO |
| HNE PPO Wise 2000/20% HDHP | HNE/PHCS-PPO Saver-06 | Silver | NO |
| HNE PPO Wise 3000/10% HDHP | HNE/PHCS-PPO Saver-06 | Silver | NO |
| HNE PPO Wise Saver 3450 HDHP National | HNE/PHCS-PPO Saver-06 | Bronze | NO |

¹⁵ As allowed by law, HNE requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: Massachusetts Business Association (781) 848-4950 and Small Business Service Bureau (508) 756-3513.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

8. HPHC Insurance Company, Inc.¹⁶

93 Worcester Street
Wellesley, MA 02481-9181

Group Sales (800) 848-9995
Individual Sales (800) 848-9995

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i,ii}</u> | <u>Offered thru the Connector</u> |
|--------------------------------|----------------------|--------------------------------------|-----------------------------------|
| PREFERRED PROVIDER PLAN | | | |
| <u>Best Buy HSA PPO</u> | | | |
| Best Buy HSA PPO 4500 - Flex | | | |
| Group | 1139_13; SOB 1613_05 | Bronze | NO |
| Individual | 1141_11; SOB 1613_05 | Bronze | NO |

¹⁶ As allowed by law, HPHC Insurance Company, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (781) 848-4950 and Small Business Service Bureau (508) 756-3513.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

9. Neighborhood Health Plan, Inc.¹⁷

399 Revolution Dr., Suite #810
Somerville, MA 02210-1120

Group Sales (866) 643-8392
Individual Sales (781) 228-2231
(888) 806-1041

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i, ii}</u> | <u>Offered thru the Connector</u> |
|--|-------------|---------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>NHP HMO Member Handbook</u> | | | |
| <i>Options:</i> | | | |
| NHP Prime HMO 20/40 FlexRx 6-Tier | NPHMOMM v.5 | Platinum | YES |
| NHP Prime HMO 500/1000 25/40 FlexRx 6-Tier | | Gold | NO |
| NHP Prime HMO 750/1500 30/45 FlexRx 6-Tier | | Gold | NO |
| NHP Prime HMO 1000/2000 20/35 30% FlexRx 6-Tier | | Gold | YES |
| NHP Prime HMO 1000/2000 25/40 FlexRx 6-Tier | | Gold | NO |
| NHP Prime HMO 1000/2000 30/45 FlexRx 6-Tier | | Gold | YES |
| NHP Prime HMO 1500/3000 25/40 FlexRx 6-Tier | | Gold | NO |
| NHP Prime HMO 2000/4000 25/40 FlexRx 6-Tier | | Gold | NO |
| NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier | | Silver | YES |
| NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier II | | Silver | YES |
| NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier | | Silver | YES |
| NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier II | | Silver | YES |
| NHP Prime HMO 2500/5000 40/60 FlexRx 6-Tier | | Silver | NO |
| NHP Prime HMO HSA 2500/5000 FlexRx 6-Tier | | Silver | NO |
| NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier ¹⁸ | | Silver | YES |
| NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier II ¹⁸ | | Silver | YES |
| NHP Prime HMO HSA 3000/6000 FlexRx 6-Tier | | Silver | NO |
| NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier | | Bronze | YES |
| NHP Prime HMO 3000/6000 25/40 FlexRx 6-Tier | | Bronze | NO |
| INSURED PREFERRED PROVIDER PLAN | | | |
| <u>NHP PPO Member Handbook</u> | | | |
| <i>Options:</i> | | | |
| NHP Prime PPO Plus 500/1000 25/40 FlexRx 6-Tier | PPOMM v1 | Gold | NO |
| NHP Prime PPO Plus 750/1500 30/45 FlexRx 6-Tier | | Gold | NO |
| NHP Prime PPO Plus 1000/2000 20/35 30% FlexRx 6-Tier | | Gold | NO |
| NHP Prime PPO Plus 1000/2000 25/40 FlexRx 6-Tier | | Gold | NO |
| NHP Prime PPO Plus 1000/2000 30/45 FlexRx 6-Tier | | Gold | NO |
| NHP Prime PPO Plus 1500/3000 25/40 FlexRx 6-Tier | | Gold | NO |
| NHP Prime PPO Plus 2000/4000 25/40 FlexRx 6-Tier | | Gold | NO |

¹⁷ As allowed by law, Neighborhood Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Health Services Administrators (866) 474-0101, Small Business Service Bureau (800) 222-3434, and U.S. Federation of Small Business, Inc. (800) 637-3331.

¹⁸ Plan unavailable to residents living in the Hampden and Barnstable counties.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Neighborhood Health Plan, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|--|-------------|--|-----------------------------------|
| NHP Prime PPO Plus HSA 3000/6000 FlexRx 6-Tier | | Silver | NO |
| NHP Prime PPO Plus 3000/6000 25/40 FlexRx 6-Tier | | Bronze | NO |
| NHP Prime PPO Plus 2000/4000 30/50 FlexRx 6-Tier | | Silver | NO |
| NHP Prime PPO Plus 2000/4000 30/50 35% FlexRx 6-Tier | | Silver | NO |
| NHP Prime PPO Plus 2500/5000 40/60 FlexRx 6-Tier | | Silver | NO |
| NHP Prime PPO Plus HSA 2500/5000 FlexRx 6-Tier | | Silver | NO |

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

10. Tufts Associated Health Maintenance Organization, Inc.¹⁹

705 Mount Auburn Street
Watertown, MA 02472-1508

Group Sales (800) 208-8013
Individual Sales (800) 957-6596

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i,ii}</u> | <u>Offered thru the Connector</u> |
|---|---------------------------|--------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| Tufts Network | | | |
| <u>Tufts Health Plan HMO Value Options:</u> | EC-MASSHMO-002 Ed. 1-2018 | | |
| HMO Value Platinum | | Platinum | NO |
| Premier Platinum | | Platinum | NO |
| Standard Platinum Premier Platinum | | Platinum | YES |
| Advantage HMO 500 Gold | | Gold | NO |
| Advantage HMO 1000 Gold | | Gold | NO |
| Premier Gold 1000 | | Gold | NO |
| Standard Gold Premier Gold 1000 | | Gold | YES |
| Advantage HMO 1500 Gold | | Gold | NO |
| Advantage HMO 1500 Low Option Gold | | Gold | NO |
| Advantage HMO 2000 Gold | | Gold | NO |
| Advantage HMO 2000 (80%) Gold | | Gold | NO |
| Advantage HMO 2000 Low Option Gold | | Gold | NO |
| Advantage HMO 2500 Gold | | Gold | NO |
| Premier Silver 2000 | | Silver | NO |
| Standard Silver Premier Silver 2000 | | Silver | YES |
| Advantage HMO 1500 Saver Silver | | Silver | NO |
| Advantage HMO 2000 Saver Silver | | Silver | NO |
| Advantage Basic HMO 2000 Silver | | Silver | NO |
| Advantage HMO 2500 Saver Silver | | Silver | NO |
| Advantage HMO 3000 Silver | | Silver | NO |
| Advantage HMO 3000 Saver Silver | | Silver | NO |
| Balanced Advantage HMO 750 | | Gold | NO |
| Balanced Advantage HMO 1250 | | Gold | NO |
| Balanced Advantage HMO 1750 | | Gold | NO |
| Essential Advantage HMO 2000 | | Gold | NO |
| Essential Advantage HMO 2500 | | Gold | NO |
| Premier Bronze 3000 | | Bronze | NO |
| Standard Bronze Premier Bronze 3000 | | Bronze | YES |

¹⁹ As allowed by law, Tufts Associated Health Maintenance Organization, Inc. (“Tufts”) requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, North Central Massachusetts Chamber of Commerce (978) 353-7600, Small Business Service Bureau (800) 222-5678 or (508) 756-3513, or through the Connector if applicable. Individuals are not required to enroll through either an intermediary or the Connector.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

(Tufts Associated Health Maintenance Organization, Inc. (cont'd))

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i,ii}</u> | <u>Offered thru the Connector</u> |
|--|---------------------------|--------------------------------------|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>Tufts Health Plan HMO Basic</u> | EC-MASSHMO-003 Ed. 1-2018 | | |
| HMO Basic Platinum | | Platinum | NO |
| Tufts Select Network²⁰ | | | |
| <u>Advantage HMO</u> | EC-MASSHMO-002 Ed. 1-2018 | | |
| Select AHMO 1000 | | Gold | NO |
| Select AHMO 1500 | | Gold | NO |
| Select AHMO 2000 | | Gold | NO |
| Select AHMO 2500 | | Gold | NO |
| Your Choice Tiered Network²¹ | | | |
| <u>Tufts Health Plan HMO Value</u> | EC-MASSHMO-002 Ed. 1-2018 | | |
| Your Choice HMO 1000 Gold | | Gold | NO |
| Your Choice HMO 1500 Gold | | Gold | NO |
| Your Choice HMO 2000 Gold | | Gold | NO |
| Your Choice HMO 3000 Silver | | Silver | NO |
| Steward Community Choice Network²² | | | |
| <u>Tufts Health Plan HMO Value</u> | EC-MASSHMO-002 Ed. 1-2018 | | |
| Steward 1000 | | Gold | NO |
| Steward 1500 | | Gold | NO |
| Steward 2000 | | Gold | NO |
| PREFERRED PROVIDER PLAN | | | |
| <u>Tufts Health Plans PPO</u> | MA-PPO-001 Ed. 1-2018 | | |
| PPO Basic Platinum | | Platinum | NO |
| PPO Value Platinum | | Platinum | NO |

²⁰ **The Tufts Health Plan Select Network is different than the Tufts Network.** Please call the carrier directly if you have any questions about whether the Tufts Health Plan Select Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates within the Tufts Health Plan Select Network.

²¹ **Your Choice 2-tier and 3-tier network plan groups PCPs, specialists, hospitals and free standing medical centers into two or three tiers;** members may pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier of a particular provider.

²² **Tufts Steward Community Choice Network provides access to a network that is smaller than the Tufts Network. Members have access to network benefits only from the Providers in the Steward Community Choice Network.** Please call the carrier directly if you have any questions about whether the Steward Community Choice Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
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11. Tufts Health Public Plans, Inc. ^{23, 24}

705 Mount Auburn Street
Watertown, MA 02472-1508

Member Services (888) 257-1985

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|---|------------------------------------|--|-----------------------------------|
| HEALTH MAINTENANCE ORGANIZATION | | | |
| <u>Tufts Health Plan - OHP Member Handbook</u> | | | |
| | Tufts Health Direct 2018 EOC FINAL | | |
| Direct Platinum | | Platinum | YES |
| Direct Gold 750 with Coinsurance | | Gold | YES |
| Direct Gold 1000 | | Gold | YES |
| Direct Silver 2000 | | Silver | YES |
| Direct Silver 2000 II | | Silver | YES |
| Direct Silver 2500 with Coinsurance | | Silver | YES |
| Direct Silver 2500 with Coinsurance II | | Silver | YES |
| Direct Bronze 2500 | | Bronze | YES |
| Direct Bronze 3500 with Coinsurance | | Bronze | YES |
| Direct Catastrophic | | Catastrophic | YES |

²³ Effective July 1, 2014, Network Health, LLC converted from a LLC to a nonprofit corporation, and upon this conversion changed its name to Tufts Health Public Plans, Inc.

²⁴ Please call the carrier directly if you have any questions about whether the Network Health Direct Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the network.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

12. Tufts Insurance Company²⁵

(d/b/a Tufts Health Plan)
705 Mount Auburn Street
Watertown, MA 02472-1508

Group Sales (800) 208-8013
Individual Sales (800) 957-6596

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level^{i,ii}</u> | <u>Offered thru the Connector</u> |
|---------------------------------|---------------------------|--------------------------------------|-----------------------------------|
| PREFERRED PROVIDER PLAN | | | |
| <u>Advantage PPO</u> | MA-TICOPPO-001 Ed. 1-2018 | | |
| Advantage PPO 500 Gold | | Gold | NO |
| Advantage PPO 1000 Gold | | Gold | NO |
| Advantage PPO 1500 Gold | | Gold | NO |
| Advantage PPO 2000 Gold | | Gold | NO |
| Advantage PPO 2000 (80%) Gold | | Gold | NO |
| Advantage PPO 2500 Gold | | Gold | NO |
| Advantage PPO Saver 1500 Silver | | Silver | NO |
| Advantage PPO Saver 2000 Silver | | Silver | NO |
| Advantage PPO Saver 2500 Silver | | Silver | NO |
| Advantage PPO Saver 3000 Silver | | Silver | NO |
| Advantage PPO 3000 Silver | | Silver | NO |
| Essential Advantage PPO 2000 | | Gold | NO |
| Essential Advantage PPO 2500 | | Gold | NO |

²⁵ As allowed by law, Tufts Insurance Company requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, North Central Massachusetts Chamber of Commerce (978) 353-7600, Small Business Service Bureau (800) 222-5678 or (508) 756-3513.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

13. UnitedHealthcare Insurance Company

475 Kilvert Street
Warwick, RI 02886-1392

Group & Individual (888) 735-5842
Sales Office

| <u>Product Name</u> | <u>Form</u> | <u>Metallic Level</u> ^{i, ii} | <u>Offered thru the Connector</u> |
|--|---|--|-----------------------------------|
| EXCLUSIVE PROVIDER PLAN (“EPO”) | | | |
| <u>Choice Plan</u> | COC.INS.2018.SG.MA & SBN.CHC.I.2018.SG.MA | | |
| <i>Options:</i> | | | |
| Platinum Choice | | Platinum | NO |
| Gold Choice 500 | | Gold | NO |
| Gold Choice 1000 | | Gold | NO |
| Silver Choice 2000 | | Silver | NO |
| Choice HSA 6100 | | Bronze | NO |
| PREFERRED PROVIDER PLAN | | | |
| <u>Choice Plus Plan</u> | COC.INS.2018.SG.MA & SBN.CHP.I.2018.SG.MA | | |
| <i>Options:</i> | | | |
| Platinum Choice Plus 25 | | Platinum | NO |
| Platinum Choice Plus 250 | | Platinum | NO |
| Choice Plus 1750 | | Gold | NO |
| Choice Plus HSA 1750 | | Gold | NO |
| Choice Plus 2000 - Coins 100/80 | | Gold | NO |
| Choice Plus Motion HSA 2000 | | Gold | NO |
| Choice Plus 2000 Ded 2000/5000 Coin 80/60 | | Gold | NO |
| Choice Plus 2000 - Ded 2000/4000 Coins 80/60 | | Silver | NO |
| Choice Plus HSA 2500 | | Silver | NO |
| Choice Plus HSA 3000 | | Silver | NO |
| Choice Plus Motion HSA 3000 | | Silver | NO |
| Choice Plus HSA 6100 | | Bronze | NO |

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2018**

Metallic Level (actuarial value categories)

For plan years starting on or after January 1, 2014, the federal Affordable Care Act (“ACA”) requires that individual and small group market plans be within specific actuarial value categories. Actuarial value measures the percentage of total overall health care costs for the essential benefits covered by the health plan. ACA identifies specific actuarial value categories as "metal levels" specified as bronze, silver, gold and platinum.

Coverage levels are as follows:

| | |
|----------|---|
| Bronze | 54-65 percent of the actuarial value; |
| Silver | 66-72 percent of the actuarial value; |
| Gold | 76-82 percent of the actuarial value; and |
| Platinum | 86-92 percent of the actuarial value. |

Catastrophic plans are not required to meet actuarial value targets but must have actuarial values below bronze. Eligibility is restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate. [refer to ACA §1302(e)(2)].

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].